



TEXAS HOTEL OCCUPANCY TAX EXEMPTION CERTIFICATE

NOTE: This certificate is for business only, not to be used for private purposes, under penalty of law. The hotel operator may request a government ID, business card or other identification to verify exemption claimed. Certificate should be furnished to the hotel or motel. DO NOT send the completed certificate to the Comptroller of Public Accounts. The certificate does not require a number to be valid. Refer to Hotel sec. 3.161 for exemptions.

Check exemption claimed:

☒ **United States government or Texas government official (state, city, and county tax exemption).** Includes US government agencies, State of Texas officials who present a Hotel Tax Exemption Photo Identification Card, and diplomatic personnel of a foreign government who present a Tax Exemption Card issued by the United States Department of State. **United States government employee (state tax exemption).** Includes US government employees traveling on official business representing the federal government. Hotels should check with the local taxing authorities to determine if federal employees are exempt from city or county taxes.

☐ **Religious, charitable, or educational organization or employee (state tax exemption only).** Educational organizations include state and private universities, junior colleges, community colleges, independent school districts, and public and private elementary and secondary schools of this state and other states. Religious and charitable organizations must hold a letter of exemption issued by the Comptroller of Public Accounts to claim an exemption.

Name of exempt organization U.S. ARMY SPERANDIO CONFERENCE	Organization exempt status (Religious, charitable, educational, governmental) GOVERNMENT
Address of exempt organization (Street and number, city, state, ZIP code) OFFICE OF THE SURGEON GENERAL, 5109 LEESBURG PIKE, FALLS CHURCH, VA 22041	

GUEST CERTIFICATION: I declare that I am an occupant of this hotel/motel on official business sanctioned by the exempt organization named above and that all information shown on this document is true and correct.

sign here Guest name (Please print)	Date
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FOR HOTEL/MOTEL USE ONLY (OPTIONAL)

Name of hotel/motel				
Address of hotel/motel (Street and number, city, state, ZIP code)				
Room rate	Local tax	Exempt state tax	Amount paid by guest	Method of payment